

TOWN OF DAVIE  
6591 S.W. 45 STREET  
DAVIE, FLORIDA 33314  
(954)797-1112

## HOME OCCUPATIONAL LICENSE APPLICATION

INSTRUCTIONS: For each Business Location in the Town of Davie, please complete an application. Once completed, return the application to the Occupational License division located at Town Hall.

### APPLICANTS: COMPLETE BOTH SIDES OF APPLICATION

BUSINESS NAME: Coastal Site Development, Inc.  
BUSINESS STREET ADDRESS: 14750 SW 23 Street ZIP 33325  
BUSINESS MAILING ADDRESS: 14750 SW 23 Street ZIP 33325  
BUSINESS PHONE: 954-444-3947 / 954-474-9961  
DESCRIBE TYPE OF BUSINESS: Equipment Rental  
BUSINESS IS: Corporation ☒ Sole Proprietor ☐ Partnership ☐ Equipment Kept on job sites

Owner/Officer (s)	Home Address	City/Zip	Phone#
1. <u>Charles Baldwin</u>	<u>14750 SW 23 St.</u>	<u>Davie/33325</u>	<u>954-474-9961</u>

2. \_\_\_\_\_

Federal ID Number or Social Security Number \_\_\_\_\_

I understand that this is an application for a home occupational license in the Town of Davie and I may not conduct any business at this location until I have received the license itself. I further understand that this license upon issuance, is valid until September 30, 05, and must be renewed before October 1st.

**this application for home occupational license allows mail and telephone use only, no signs or exterior storage, no on-site employees are permitted.**

Charles Baldwin / Owner  
Print Owner or Officers Name and Title

[Signature]  
Signature of Owner or Officer

Office Use Only: Date <u>8/4/05</u>	Category <u>903201</u>	Fee Exempt <u>per</u> Sec. 13-13	Fee <u>60.00</u>	Rec# _____	New <input checked="" type="checkbox"/> Trans <input type="checkbox"/>
License # <u>0522284</u>	Control # <u>17405</u>	Zoning <u>R-1</u>			
Council approval Required <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Zoning Approval <u>Int</u>	Date <u>8/9/05</u>			
When Council Date _____	Approved _____	Denied _____			
Referred To _____	Approved _____	Denied _____			

office only

OCCUPATIONAL LICENSE DEPARTMENT APPROVAL \_\_\_\_\_

DO

OWNER SIGNATURE REQUIRED ON BACK OF APPLICATION

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